

EAST WINDSOR PARK & RECREATION SUMMER FUN CAMP REGISTRATION FORM

CAMPER'S NAME: _____ SEX: _____ AGE: _____ DOB: ____/____/____
 ADDRESS: _____ PHONE: _____
 SCHOOL: _____ GRADE in Fall 2006: _____

FATHER'S NAME: _____ HOME PHONE: _____
 WORK PHONE: _____ CELL PHONE: _____
 MOTHER'S NAME: _____ HOME PHONE: _____
 WORK PHONE: _____ CELL PHONE: _____

IN CASE OF EMERGENCY (other than parent/guardian):

Contact Name	Telephone Number
Contact Name	Telephone Number

CAMP SHIRT MUST be purchased for an additional fee of \$8.00. One shirt per camper.

SHIRT SIZE: (Please circle one): (Youth Small) (Youth Medium) (Youth Large)
 (Adult-Sm) (Adult-Med) (Adult-Lg)

PLEASE CHECK SESSIONS and TIME DESIRED:

NOTE: Session Time Period/Price:

8:00 a.m. to 4:00 p.m. - \$50 Residents, and \$55 Non-Resident.

9:00 a.m. to 3:00 p.m. - \$40 Residents, and \$45 Non-Resident.

****Registration will close 2 weeks prior to each session****

Upon registration, a non-refundable \$10 per child deposit is required per session.

Camp Field Trips, priced between \$6-10 per child per trip, are charged in addition to session price.

****Final payment is due the week prior to each session****

___ Session I: July 11-13	8:00-4:00	9:00-3:00
___ Session II: July 18-20	8:00-4:00	9:00-3:00
___ Session III: July 25-27	8:00-4:00	9:00-3:00
___ Session IV: August 1-3	8:00-4:00	9:00-3:00
___ Session V: August 8-10	8:00-4:00	9:00-3:00
___ Session VI: August 15-17	8:00-4:00	9:00-3:00
___ Session VII: August 22-24	8:00-4:00	9:00-3:00

SESSION(S) TOTALS \$ _____ + T-SHIRT ORDER \$ _____ = GRAND TOTAL \$ _____

MEDICAL INFORMATION

Is your child allergic to anything? YES _____ NO _____

If yes, to what? _____

Does your child take any medications?* YES _____ NO _____

If yes, what medications and are there any side effects the staff should be aware of?

Any medical conditions or special needs staff should be aware of? YES _____ NO _____

If yes, please explain in detail.

Does your child have any other special considerations related to behavioral needs which are not mentioned above and our staff should know about to help your child have a positive experience at camp?

YES _____ NO _____

If yes, please explain in detail _____

***NOTE:** The Recreation Department is not certified or authorized to administer prescription or over-the-counter medications to campers. Any child requiring medication during camp hours must have a parent or legal guardian come to camp to administer their medication. Children are not allowed to self-administer their own medications or bring medications to camp. (Two exceptions to this rule are epi-pens and asthma medications. In this case, please attach a note completed by your doctor before camp begins.)

RELEASE AND WAIVER

In consideration for participating in the above-referenced program/activity sponsored by the Recreation Department of the Town of East Windsor, I hereby waiver and release the Town of East Windsor, its agents, officers and employees, whether paid or voluntary, from and against any and all claims, suits, actions, damages, liabilities, costs, expenses and or judgments, including attorney's fees and court costs, which may arise from my or my child's participation in the above-referenced program/activity or any illness or injury resulting therefrom, either directly or incidentally.

I hereby represent that I understand and am familiar with the nature and type of activities in which I or my child will participate as part of the above-referenced program/activity. I further represent that I, or my child, is in good physical and mental health and that I am unaware of any physical or other health condition that would affect my or my child's ability to participate in the above-referenced program/activity.

I acknowledge that I will be solely responsible for the furnishing of all safeguards and appropriate equipment for protection against injury.

I have read this document and understand and agree to its terms and conditions.

Participant/Parent/Legal Guardian Signature

Date